

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
NOTICE OF ACTION/SERVICE PROGRAMS

CITY/COUNTY
DATE
CASE NUMBER

Dear



This letter is to tell you what action this agency has taken or is planning to take on your Services Case. This notice refers only to services. It does not affect any financial assistance such as TANF, SSI, Social Security, Food Stamps, Medicaid, Fuel Assistance, etc.

The Action being taken is checked below.

If you are not satisfied with this action, you may appeal. Instructions about how to do this are printed on the back.

Please get in touch with me if you have any questions.

Telephone:

Sincerely,

SERVICE WORKER

Office Hours:

SUPERVISOR

<input type="checkbox"/>	YOUR APPLICATION WAS APPROVED	TYPE OF SERVICE(S)	EFFECTIVE DATE
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<input type="checkbox"/>	THE SERVICE(S) TO BE PURCHASED FOR YOU ARE:	SERVICE(S)	EFFECTIVE DATE
		YOU MAY RECEIVE UP TO: _____ HOURS	PER: <input type="checkbox"/> DAY

YOUR APPLICATION WAS <input type="checkbox"/> DENIED <input type="checkbox"/> TERMINATED FOR OTHER REASONS	REASON	APPLICATION DATE

<input type="checkbox"/>	A DECISION HAS NOT BEEN MADE ON YOUR APPLICATION WITHIN 45 DAYS	REASON

<input type="checkbox"/>	THE SERVICE OF WHICH YOU ARE RECEIVING WILL BE	<input type="checkbox"/> INCREASED:	From _____ to _____	EFFECTIVE DATE
		<input type="checkbox"/> REDUCED:	From _____ to _____	
		REASON		

<input type="checkbox"/>	YOUR CASE WILL BE CLOSED	REASON
	EFFECTIVE DATE	

032-02-0103-07 (9/07)

CLIENT
LOCAL AGENCY

APPEAL INSTRUCTIONS

If you are not satisfied with the action this agency has taken or plans to take, you may write or call your service worker to request a Conference. At this time, the agency must give you an explanation of its proposed action.

If you are not satisfied with the results of the Conference you may request a Hearing. You may request a Hearing without having a Conference. The Hearing is a private, informal meeting at the Social Services agency with you and anyone you wish to bring as a witness or to help you tell what happened, such as a friend or lawyer. You will tell what happened to a Hearing Officer, who is a representative of the Virginia Department of Social Services.

Your request for a Hearing must be in writing. You may write a letter or use a special form which is available at your Social Services Agency. Your request must be mailed to:

**Manager, Appeals and Fair Hearings
Division of Management and Customer Services
Virginia Department of Social Services
7 North Eighth Street
Richmond, Virginia 23219**

If you need help to request a Hearing, please call your service worker.

Your request for a Conference must be made within 10 days of the date this notice was mailed to you. Your service or service payment will continue until a decision is made at the Conference.

Your request for a Hearing must be made within 30 days of the date this notice was mailed to you.

However, if you request a Hearing within 10 days of the date of this notice was mailed to you and your request is validated, your service or service payment will continue until a decision is made by the Hearing Officer.

If you are not satisfied with the decision made by the Hearing Officer, you may request a review by the State Board of Social Services. You can do this by writing to the same address above.